



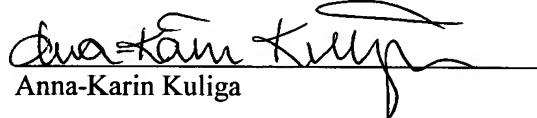
PATENT
Attorney Docket No. INK-109 (2108/82)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Gates.
SERIAL NO.: 10/609,119 GROUP NO.: Not Yet Assigned
FILING DATE: June 27, 2003 EXAMINER: Not Yet Assigned
TITLE: VOLTAGE MODULATED DRIVER CIRCUITS FOR ELECTRO-
OPTIC DISPLAYS

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Missing Parts, P.O. Box 1450, Commissioner for Patents, Alexandria, VA 22313-1450 on this 27th day of October, 2003.


Anna-Karin Kuliga

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Copy of Notice to File Missing Parts of Non-Provisional Application (2 pages);
4. Copy of Declaration and Power of Attorney for Utility or Design Patent Application (3 pages);
5. Copy of Statement Regarding Small Entity Status (1 page);
6. Check in the amount of \$646.00; and
7. Return Receipt Postcard.

STATEMENT REGARDING SMALL ENTITY STATUS

Attorney Docket No. INK-109 (2108/82)

Applicant, Patentee, or Identifier: Gates

Application or Patent No.: 10/609,119

Date Filed or Issued: June 27, 2003

Title: Voltage Modulated Driver Circuits for Electro-optic Displays

NAME OF SMALL BUSINESS OR NONPROFIT ORGANIZATION: E Ink Corporation

ADDRESS OF SMALL BUSINESS OR NONPROFIT ORGANIZATION: 733 Concord Avenue, Cambridge, MA 02138.

I hereby state that the above identified small business concern or nonprofit organization qualifies as a small entity as defined in 37 CFR 1.27 for purposes of paying reduced fees to the United States Patent and Trademark Office. For a small business concern, the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern or nonprofit organization identified above with regard to the invention described in:

- ☒ the application identified above.
☐ the patent identified above.

If the rights held by the above identified small business concern or nonprofit organization are not exclusive, each individual, concern, or organization having rights in the invention must execute separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.27(a)(1) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.27(a)(2), or a nonprofit organization under 37 CFR 1.27(a)(3).

- ☒ No such person, concern, or organization having any rights in the invention exists.
☐ Each such person, concern, or organization having any rights in the invention is listed below.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate.

NAME OF PERSON SIGNING David J. Cole

TITLE OF PERSON SIGNING Intellectual Property Counsel

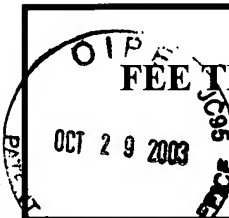
ADDRESS OF PERSON SIGNING 733 Concord Avenue, Cambridge, MA 02138

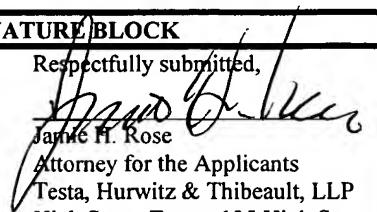
SIGNATURE

David J. Cole

DATE

July 7, 2003

	Complete if Known		
	Application Serial Number	10/609,119	
	Filing Date	June 27, 2003	
	First Named Inventor	Gates	
	Group Art Unit	Not yet assigned	
	Examiner Name	Not yet assigned	
		Attorney Docket No.	INK-109 (2108/82)

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input type="checkbox"/> Overpayment Credit. 3. <input type="checkbox"/> Applicant claims small entity status.	3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity Fee (\$)</th> <th style="width: 15%;">Small Entity Fee (\$)</th> <th style="width: 50%;">Fee Description</th> <th style="width: 20%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>\$65.00</td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte reexamination</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>420</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>950</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1480</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>2010</td> <td>1005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>330</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>330</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>290</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>770</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>770</td> <td>385</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Submission of Terminal Disclaimer</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify) _____</td> <td></td> <td></td> </tr> </tbody> </table>	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath	\$65.00	50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		110	55	Extension for reply within first month		420	210	Extension for reply within second month		950	475	Extension for reply within third month		1480	740	Extension for reply within fourth month		2010	1005	Extension for reply within fifth month		330	165	Notice of Appeal		330	165	Filing a brief in support of an appeal		290	145	Request for oral hearing		130	130	Petitions to the Commissioner		180	180	Submission of Information Disclosure Statement		770	385	Filing a submission after final rejection (37 CFR 1.129(a))		770	385	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		110	55	Submission of Terminal Disclaimer		Other fee (Specify) _____				Other fee (Specify) _____															
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																														
130	65	Surcharge - late filing fee or oath	\$65.00																																																																																														
50	25	Surcharge - late provisional filing fee or cover sheet																																																																																															
130	130	Non-English specification																																																																																															
2,520	2,520	Request for ex parte reexamination																																																																																															
110	55	Extension for reply within first month																																																																																															
420	210	Extension for reply within second month																																																																																															
950	475	Extension for reply within third month																																																																																															
1480	740	Extension for reply within fourth month																																																																																															
2010	1005	Extension for reply within fifth month																																																																																															
330	165	Notice of Appeal																																																																																															
330	165	Filing a brief in support of an appeal																																																																																															
290	145	Request for oral hearing																																																																																															
130	130	Petitions to the Commissioner																																																																																															
180	180	Submission of Information Disclosure Statement																																																																																															
770	385	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																															
770	385	For each additional invention to be examined (37 CFR 1.129(b))																																																																																															
100	100	Certificate of Correction for applicant's error																																																																																															
110	55	Submission of Terminal Disclaimer																																																																																															
Other fee (Specify) _____																																																																																																	
Other fee (Specify) _____																																																																																																	
FEE CALCULATION 1. FILING FEE <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity Fee (\$)</th> <th style="width: 40%;">Fee Description</th> <th style="width: 45%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>770</td> <td>Utility filing fee</td> <td>\$770.00</td> </tr> <tr> <td>340</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>160</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Number Filed</th> <th style="width: 15%;">Number Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>37</td> <td>- 20 = 17</td> <td>x \$ 18.00 =</td> <td>306</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 3 = 1</td> <td>x \$ 86.00 =</td> <td>86</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td>\$290.00 =</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>1162.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>581.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$) 581.00</td> </tr> </tbody> </table> 2. AMENDMENT CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Claims Remaining After Amend.</th> <th style="width: 15%;">Highest No. Previously Paid For</th> <th style="width: 15%;">Present Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 40%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 86.00 =</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td>+ \$290.00 =</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$) 0.00</td> </tr> </tbody> </table>	Large Entity Fee (\$)	Fee Description	Fee Paid	770	Utility filing fee	\$770.00	340	Design filing fee		160	Provisional filing fee			Number Filed	Number Extra	Rate	Amount	Total Claims	37	- 20 = 17	x \$ 18.00 =	306	Independent Claims	4	- 3 = 1	x \$ 86.00 =	86	<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$290.00 =	TOTAL:				1162.00	SMALL ENTITY DISCOUNT:				581.00	SUBTOTAL (1)				(\$) 581.00	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 18.00 =		Indep.	-	=	x \$ 86.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$290.00 =	TOTAL:				(\$)	SMALL ENTITY DISCOUNT:				(\$)	SUBTOTAL (2)				(\$) 0.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: right;">SUBTOTAL (3)</td> <td style="width: 40%;">(\$) 65.00</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (1)</td> <td>\$581.00</td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (2)</td> <td></td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (3)</td> <td>65.00</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td>(\$) 646.00</td> </tr> </table>	SUBTOTAL (3)	(\$) 65.00			SUBTOTAL (1)	\$581.00	SUBTOTAL (2)		SUBTOTAL (3)	65.00			TOTAL	(\$) 646.00
Large Entity Fee (\$)	Fee Description	Fee Paid																																																																																															
770	Utility filing fee	\$770.00																																																																																															
340	Design filing fee																																																																																																
160	Provisional filing fee																																																																																																
	Number Filed	Number Extra	Rate	Amount																																																																																													
Total Claims	37	- 20 = 17	x \$ 18.00 =	306																																																																																													
Independent Claims	4	- 3 = 1	x \$ 86.00 =	86																																																																																													
<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$290.00 =																																																																																													
TOTAL:				1162.00																																																																																													
SMALL ENTITY DISCOUNT:				581.00																																																																																													
SUBTOTAL (1)				(\$) 581.00																																																																																													
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																																																																													
Total	-	=	x \$ 18.00 =																																																																																														
Indep.	-	=	x \$ 86.00 =																																																																																														
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$290.00 =																																																																																													
TOTAL:				(\$)																																																																																													
SMALL ENTITY DISCOUNT:				(\$)																																																																																													
SUBTOTAL (2)				(\$) 0.00																																																																																													
SUBTOTAL (3)	(\$) 65.00																																																																																																
SUBTOTAL (1)	\$581.00																																																																																																
SUBTOTAL (2)																																																																																																	
SUBTOTAL (3)	65.00																																																																																																
TOTAL	(\$) 646.00																																																																																																
CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	SIGNATURE BLOCK Date: October 27, 2003 Reg. No.: 45,054 Tel. No.: (617) 248-7376 Fax No.: (617) 248-7100 Respectfully submitted,  Jamie H. Rose Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																																																																																



TRANSMITTAL FORM

Application Serial Number	10/609,119
Filing Date	June 27, 2003
First Named Inventor	Gates
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket No.	INK-109 (2108/82)
Patent No.	Not applicable
Issue Date	Not applicable

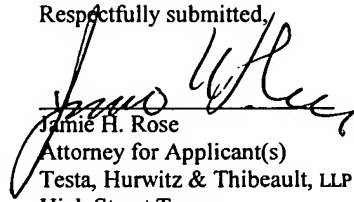
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input checked="" type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
---	---	---

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Jamie H. Rose
Attorney for Applicant(s)
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

Date: October 27, 2003
Reg. No. 45,054
Tel. No.: (617) 248-7376
Fax No.: (617) 248-7100